Suicide Awareness for Leaders 2007

SUICIDE PREVENTION:
LEADERSHIP IN ACTION

Bottom Line for Leaders

- Create a trusting environment where Soldiers will feel that it is okay to ask leaders for help.
- “Earlier treatment leads to faster recovery”.
- Establish a climate that seeking help is not a character flaw but is seen as a sign of strength.
- Know your Chaplain and behavioral health partners.
- Insist that outreach behavioral health services are available to your unit, as deemed appropriate.

Leaders Can Reduce Stigma by:

- Not discriminating against Soldiers who receive mental health counseling.
- Supporting confidentiality between the Soldier and their behavioral health care provider.
- Reviewing unit policies and procedures that could preclude Soldiers from receiving all necessary and indicated assistance.
- Educating all Soldiers and family members about anxiety, stress, depression, and treatment.
- Increasing behavioral health visibility presence in Soldiers' area (using the Combat Operational Stress Control tactics, techniques, and procedures: COSC; HQ DA, FM4-02.5(FM8-51)).
- Reinforcing the "power" of the buddy system in helping each other in times of crises (TRADOC Pamphlet 600-22).

Demographics

“One suicide is one too many!”

"Not all wounds are visible. If you are feeling depressed or suicidal, seek help. We need you on the Army team."

SMA Kenneth O. Preston

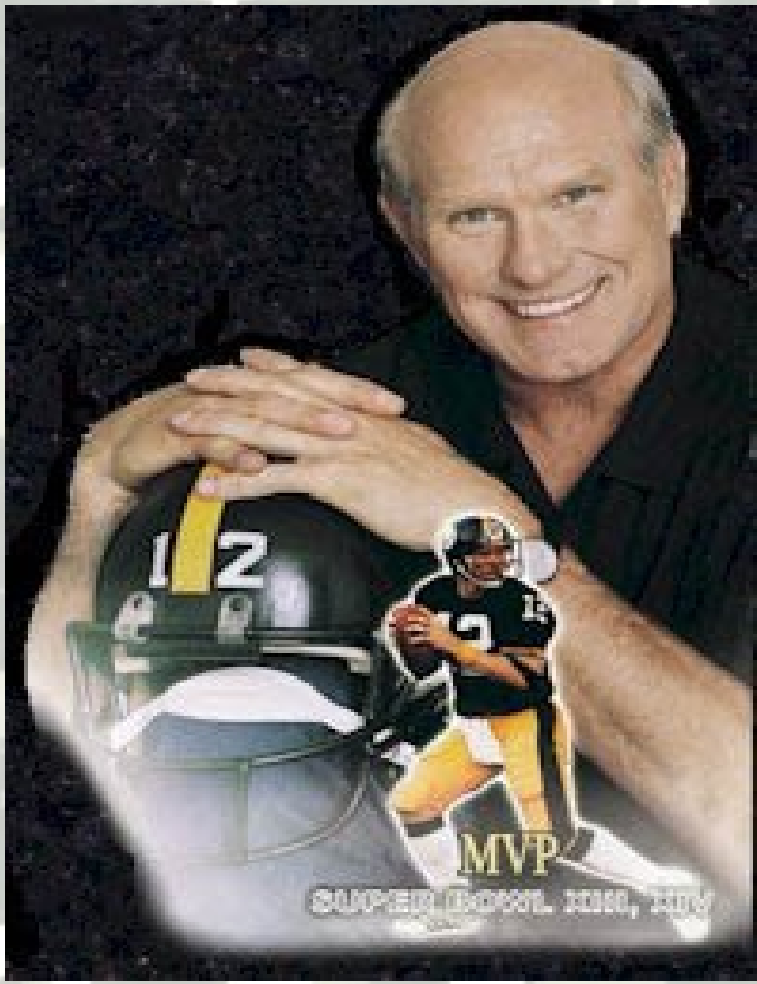
WHO DIES BY SUICIDE?

- During CY 2006, Army had 98 confirmed suicides with a rate of **17.2** per **100K Soldiers**.
- Suicide rates are higher among our young junior enlisted ranks.
- Army Suicide rates are highest among young white males; ages 18 to 25.
- Rate of suicide is greater among males.
- Rate of suicide attempts is greater among females.
- Anyone, at any age, can complete suicide.

“It takes a lot of courage to ask a leader for help”…

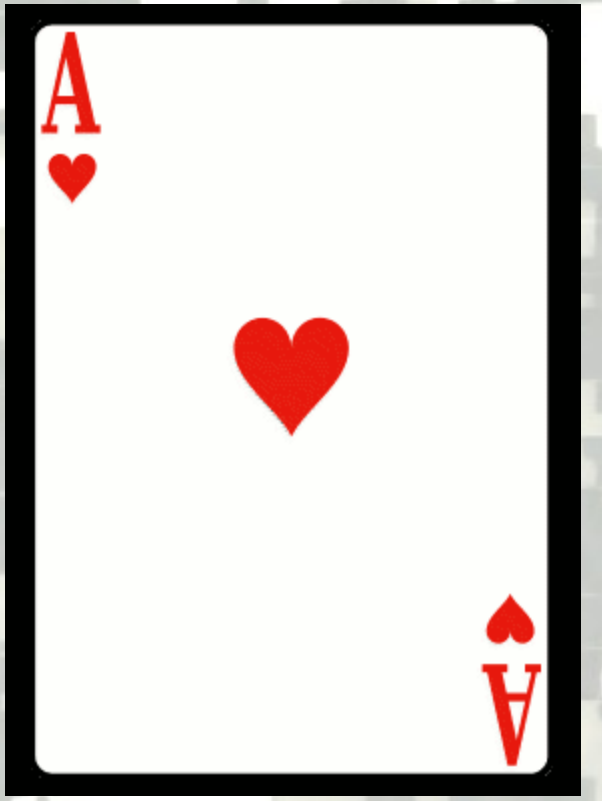
Terry Bradshaw

“Be Strong, Be Army Strong”



INTERVENTION ACE

- Ask your Buddy
  - Have the courage to ask the question, but stay calm
  - Ask the question directly, e.g. Are you thinking of killing yourself?
- Care for your Buddy
  - Remove any means that could be used for self-injury
  - Calmly control the situation; do not use force
- Escort your Buddy
  - Never leave your buddy alone
  - Escort to the chain of command, a Chaplain, a behavioral health professional, or a primary care provider



Vignette Questions

- What warning signs or symptoms presented in the vignette indicated that the Soldier was experiencing problems?
- What courses of actions could you have taken to help this Soldier?
- What are some barriers, attitudes, and problems that Soldiers might face from leaders when asking for help?
- Who could you have referred this Soldier for help?
- What problems do you have as leaders in dealing with Soldiers who exhibit behavioral and emotional problems?

Suicide Vignette #1

PVT Smith was a 22 year-old single, black male who was three months into his first deployment. While surfing MySpace.com, he learned that his deployed girlfriend was involved in another relationship. After that, PVT Smith began to abuse alcohol. One evening, PVT Smith refused to go to the gym with his buddies, which was unusual. That night, Private Smith shot himself to death.

Can you list the warning signs?

Given that you know PVT Smith, and are aware of his distress, which of the following would be the best response.

1. Wait and see how things go because it's not a good idea to interfere in another Soldier's personal matters. He might get angry.
2. If I knew about his girlfriend problems, I would talk to him to see if he was alright. I would ask him if he felt suicidal. If he said yes, I would escort him to see the commander.
3. Because of his alcohol abuse, I would inform the Platoon SGT that something was troubling PVT Smith i.e., he was drinking too much. I would suggest that the Platoon SGT talk to him.

Suicide Vignette #2

SPC Rhodes was a 25 year-old, single white female, 91W, who has deployed three different times: twice to Iraq and once to Afghanistan. During a current deployment, her TMC experienced a mass casualty in which SPC Rhodes watched several Soldiers from her unit die. She was neither well-liked nor disliked by others. She frequently talked about her boyfriend back home and their plans to marry. About a week before she died, she received a letter from her boyfriend indicating that he wanted to terminate their relationship. SPC Rhodes was discovered in her bunk dead from a drug overdose.

Can you list the warning signs?

Given that you know SPC Rhodes, and are aware of her distress, which of the following would be the best response.

1. " Dear John or Dear Joan" letters are common during deployments. It is best to wait and see how a Soldier will respond to such a letter. You don't want to ask intrusive questions unnecessarily because the Soldier could get angry.
2. If I had known about her boyfriend problems, I would have asked one of her girlfriends to talk to her. Girls relate better to each other. She would never tell a guy if she was suicidal.
3. Both the mass casualty and the loss of her boyfriend were concerns. I would talk to her to see if she was alright. As her buddy, I would make sure she talked to either the unit Chaplain or COSC team about her losses.

Suicide Vignette #3

PFC Morgan was a 19 year-old, single, white male, 11B, who had deployed twice to Iraq with significant combat exposure. PFC Morgan had difficulties learning new Soldiers' skills. Because of his slowness, he was often ridiculed by peers and leadership. Everyone believed that he accepted the treatment as good natured ribbing. Prior to his death, he gave away some personal belongings. About one day before his death, he also told a buddy that he had "had enough". This was interpreted as simple frustration. PFC Morgan was found dead in his car by carbon monoxide poisoning.

Can you list the warning signs?

Given that you know PFC Morgan, and aware of his distress, which of the following would be the best response.

1. If I had known he was angry about being "teased", I would talk to him to see if he was alright. I would ask him if he felt suicidal. If he said yes, I would convince him to see a behavioral health provider in the morning. After he made a commitment, I would tell him that I would pick him up the next day.
2. In the Army, people are always joking with each other. That's how we all deal with the stress. If you can't handle the ribbing, you should get out of the Army.
3. When I heard that he had had enough, I would immediately ask him if he was thinking of suicide. If he said yes, I would stay with him, and inform the chain of command. I would never leave him alone until he saw a helping provider.

Suicide Vignette #4

SGT Jones was a 34 year-old, married white male, 13 B, who was six months into his first deployment. SGT Jones received a verbal counseling for not following proper risk assessment procedures which may have led to combat casualties. He declined mid-tour leave. One week before his death, he received an Article 15 for falling asleep while on guard duty. SGT Jones shot himself to death using his own military weapon.

Can you list the warning signs?

Given that you know SGT Jones, and are aware of his distress, which of the following would be the best response.

1. Being in a war zone, he should have lost his stripes. Falling asleep on guard duty is unacceptable.
2. It was apparent that SGT Jones had issues. I believe that another NCO should talk to him to see if he is alright. This is NCO business.
3. Leadership should have recognized that it is not usual for an NCO to get an Article 15. SGT Jones must have been experiencing personal problems. I would have recommended that he talk to behavioral health.

Suicide Vignette #5

CPT Garcia was 25 year-old, married Hispanic male, who
was a dedicated career officer. He has deployed two times since the beginning of the war in Iraq. His unit is preparing for another deployment. CPT Garcia is highly regarded by leadership. Recently, his spouse informed him that if he deploys again she will divorce him. His immediate commander has noticed changes in his mood
and behavior e.g., occasional angry outburst and sadness. CPT Garcia appeared pre-occupied and tired. His commander has decided to take action and counsel CPT Garcia.

What actions should his immediate commander take?

What Leaders Can Do

To know your people, leaders must:

- Talk to Soldiers and listen to what they have to say.
- Send the message that you are interested in hearing about the Soldier's problems.
- Emphasize that seeking help in times of distress displays courage, strength, responsibility, and good judgment.
- Recommend that Soldiers seek needed counseling either through the Chaplain's office or behavioral health.
- Accept the unique and diverse qualities of each Soldier.
- Treat each Soldier with the utmost respect and regard.
- Ensure Soldiers have access to mental health.

What Leaders Can Do (continued)

- **To know your unit, leaders must:**

➢ Understand that organizational stress affects the unit's morale and**, in turn,** can impact the mission.

➢ Reduce unit stress by the following methods:
  - ✓ Keep Soldiers informed about all decisions that may affect them.
  - ✓ Encourage participation in unit planning.
  - ✓ Develop a strong mentoring system within the unit
  - ✓ Foster an environment of self–care and peer support **(Battle Buddy)**.
  - ✓ Contract BH to conduct an **anonymous unit assessment**.
  - ✓ Arrange for appropriate BH assistance based on the assessment results.
  - ✓ Encourage healthy lifestyles (i.e., fitness, adequate rest, good nutrition).

How to Refer

Responsibility always rests with unit leadership

Emergency:

- Threat to life and lethality is imminent or severe.
- Consult with a behavioral healthcare provider or other healthcare provider, if behavioral health is not available.
- Escort immediately to the Emergency Room, Behavioral Health, Aid Station, Combat Stress Control Team, or the Chaplain.

How to Refer (continued)

Non-Emergency

- Consult with a Chaplain or behavioral health care provider
- Counsel Soldier and give a copy of the command referral (DoDD 6490.1)
- Observe Soldier's rights to see SJA and IG
- Escort the Soldier to behavioral health with command referral memorandum

Resources

- **In Garrison:**
  - ✓ Family Life Chaplains
  - ✓ Army Community Services
  - ✓ Medical Services
  - ✓ Marriage and Family Counselors
  - ✓ Post Deployment Centers
- **During Deployment:**
  - ✓ Combat Stress Control Teams
  - ✓ Medics
  - ✓ Battalion Aid Station
  - ✓ Chaplain

  All returning Soldiers form OIF or OEF can contact the Military One

  Source @ https://www.militaryonesource.com

Concluding Remarks
Gary Sinise

Summary

A number of suicides can be prevented in the Army by:

- Securing appropriate interventions for those **at risk**;
- Minimizing **stigma** associated with accessing behavioral health care;
- Leaders **knowing** and **caring** about their Soldiers;
- Leaders constructively **intervening early** on in their Soldiers' problems;
- Leaders paying close attention & providing constructive interventions to those Soldiers **facing major losses** from legal, marital, occupational or financial problems.

Questions?

Thanks for Listening and Getting Involved!

BACK-UP SLIDES

DoDD 6490.1
MENTAL HEALTH EVALUATIONS OF MEMBERS OF THE ARMED FORCES

- DoDD 6490.1, dated 1 Oct 97 may be found at http://www.dtic.mil/whs/directives/corres/pdf/649001p.pdf

- In part, DoDD 6490.1 states that . . .

"…4.2.2. Routine Referrals. Prior to referral of a Service member for a routine (non-emergency) mental health evaluation, the commanding officer first shall consult with a mental healthcare provider, or other healthcare provider, if a mental healthcare provider is not available…"

"…4.2.3. Emergencies. … The commanding officer shall refer a Service member for an emergency mental health evaluation as soon as is practicable whenever a Service member, by actions or words, such as actual, attempted or threatened violence, intends or is likely to cause serious injury to himself, herself or others and when the facts and circumstances indicate that the Service member's intent to cause such injury is likely and when the commanding officer believes that the Service member may be suffering from a severe mental disorder."